



Original Article

Comparison of performance targets of public and private sector Occupational Health Nurses in Finland

Kirsi Lappalainen¹, Timo Leino², Pilvi Österman³, Sari Nissinen⁴

¹ Product Manager, Finnish Institute of Occupational Health, Kuopio, Finland.

² Adjunct Professor, Finnish Institute of Occupational Health, Helsinki, Finland.

³ Chief of Social and Health Services, President, Finnish Association of Occupational Health Nurses, Helsinki, Finland.

⁴ Head of Development, Finnish Institute of Occupational Health, Helsinki, Finland.

ABSTRACT

Introduction. The aim of the study was to compare the performance targets among Finnish occupational health nurses working in the public and private sector. To our knowledge, the performance management has not been studied in occupational health nursing.

Methods. The Finnish Association of Occupational Health Nurses (FAOHN) carried out an electronic questionnaire study in 2018. The questionnaire was answered by 48 public health sector and 178 private health sector OHNs. We analyzed the data by using cross-tabulation, percentages, and Chi Square-test.

Results. Public health sector OHNs consider the set performance targets reasonable compared with the private sector nurses. About half felt the performance targets inappropriate to their work. The performance targets were not based on the goals agreed with the clients, actual workload, or quality of the work.

Conclusions. The performance targets should be reasonable, personalized, and based rather on achieving the goals with the clients than optimizing the financial return. Direct participation in the target setting, personal goals, and rewards when the goals are met, can increase OHNs' well-being at work.

Keywords: Health care; Healthcare providers; Occupational health nursing; Management.

Article history

Received: 22-May-2020

Revised: 9-June-2020

Accepted: 17-Sep-2020

Corresponding author

Kirsi Lappalainen.

lappalainen@ttl.fi

Introduction

In Finland, there was in total 442 occupational health care units and 2154 occupational health nurses (OHNs) at the end of 2018 [1,2,3]. In two-thirds (67%) of the occupational health care units a multi-professional (67 %) team consisting of occupational physician, occupational health nurse, occupational physiotherapist and occupational psychologist was available.

The OHN has an important role in coordinating the services and cooperating with the client organizations and enterprises. The main tasks of OHN are promotion of health and wellbeing at work and prevention of work-related ill-health and disability. OHNs do health surveillance and counseling and assess working environments and communities and their impact on health in liaison with the other experts in the occupational health care team. OHNs coordinate care, rehabilitation and return to work after illness and other causes. They also carry out health examinations and related tests - such as hearing and vision tests and provide vaccinations [4, 5]. The work of OHN is based on understanding the clients' needs, good nursing practice and a holistic approach with high ethical standards. As well OHNs prioritize preventive care, chronic disease management, healthy communities, environmental health, and sustainability [5-7]. The changes in work life and health care have led to new ethical issues at all stages of the caring process. The importance of the ethical issues in nursing also requires a similar adjustment in educational pathways of nursing than in medicine [8].

The Occupational Health Care Act (1383/2001) defines the position of OHN [9]. It also provides professional competences required for public health nurses working in occupational health service. A certified occupational health nurse must have post-graduate education of at least fifteen credits on occupational health care within two years of taking up in occupational health service. The OHN should attend an in-service training on average 7 days a year. Almost all (98 %) OHNs were qualified in 2018 [3]. Most of the OHNs work in permanent employment in private sector and the employer have direct management rights over them [3, 4].

Recent studies confirm that supporting the autonomy of nurses reduces the burden of work, and that self-management supports OHN's coping at work. Other identified supporting factors include enough resources, job management, interaction skills and feedback from the supervisor [10, 11]. In the 21st Century, the changes in work life with more

stress and mental problems and the increasing use of digital technologies place new demands to the work and future of occupational health nursing. In Finland OH nurses in the private sector appear to be the most overloaded by work content compared to the OH nurses in public sector [11, 12]. A knowledge-sharing culture and organizational learning can be core factors affecting nursing performance. It might be one method to enhance the outcomes of nursing performance and achieve greater business competitiveness [13]. Effort-reward imbalance is prevalent among nurses and is associated with stress, burn out, poor self-related health, sickness absence and intention to leave the nursing profession [14-16]. Consequently, performance management should support the work of OHN.

Performance management became common in Finnish health care in the 1990s, and often means monetary rewards, such as bonuses and benefits. The issue has been controversial, and the employers and employees have not always shared the same view. Employees have felt that they have not had a full understanding of the reward system and cannot influence it enough. On the other hand, some have felt that performance management should be the basis of the health care management systems [17]. However, in general in Finland, the attitude toward changes brought by performance management has been slightly positive and commitment to performance management moderately positive. Also interest in measuring costs and goal-orientation has increased [18, 19]. According to Seitovirta (2018) [20] the performance management had a negative impact on the work environment due to deterioration of job retention. Total salary has been seen a better alternative to different bonuses [18, 21]. In public sector, only a few municipalities have introduced smaller instant bonuses and performance bonuses. [21, 22]. Performance management faces many challenges for example lack of consensus on which organizational and environmental factors can improve these results [23].

To our knowledge, the performance management has not been studied in occupational health nursing. The aim of the study was to compare the performance targets among Finnish occupational health nurses working in the public and private sector, and what factors were considered when setting the targets.

Methods

Study design. Sample.

The Finnish Association of Occupational Health Nurses (FAOHN) carried out an electronic questionnaire study in November 2018. The questionnaire contained questions about performance management, factors influencing the setting of performance targets, were the quality of work and wellbeing at work considered, and what were the indicators used for measuring performance.

The questionnaire was answered by 48 public health sector and 178 private health sector OHNs. The membership amount in Finnish Association of Occupational Health nurses is about 1200. The response rate was 19%.

Ethical aspects

We had Finnish Institute of Occupational Health (FIOH) institutional and Finnish Association of Occupational Health Nurses (FAOHN) support. The research had no ethical approval from an institutional review board. Data protection Supervisor (FAOHN) addressed the ethical issues. The paragraph in the Personal Data Regulations that explicitly allows the use of the material for statistical research (including historical), although there is no mention of it when collecting the data. The respondents are not recognized from data.

Statistical analysis

We analyzed the data by using direct distribution, cross-tabulation, percentages, and Chi Square-test. Statistical significance was defined as $P < 0.05$. The statistical analyses were performed using the SPSS Statistics 25 package (IBM Corp., Armonk, NY, USA).

Results

For most of the respondents the professional title was occupational health nurse or responsible occupational health nurse. One out of four OHNs in both public and private health care sector reported that 75-100% of their working time is devoted to occupational health nursing (Table 1).

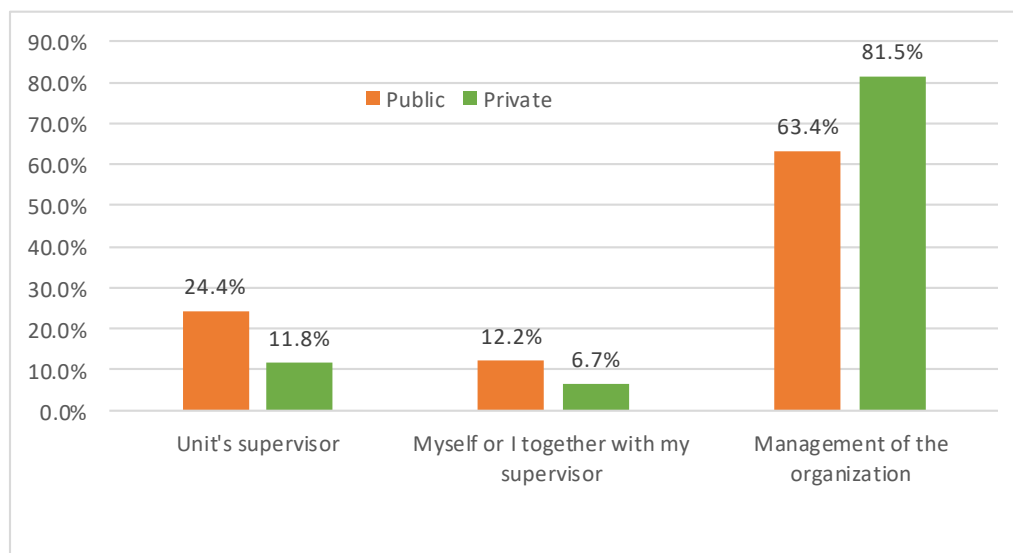
Table 1. Respondents of the survey

	Job title			Total
	OHN n (%)	Supervisor/responsible OHN n (%)	Other n (%)	
Public	43 (89.6)	4 (8.3)	1 (2.1)	48 (100)
Private	115 (88.5)	11 (8.5)	4 (3.1)	130 (100)
Total	158 (88.8)	15 (8.4)	5 (2.8)	178 (100)

OHN: Occupational Health Nurse

Three out of four (77%) of the public sector OHNs reported having equal performance targets. In private sector 89% shared the same opinion. The performance target system was considered the same for all the professionals by 34% of the public sector and 27% of the private sector OHNs. About 60% of the respondents answered that a billing target was defined, more often in the private sector.

The target setter was quite well known. However, in the public sector, still almost 15% of the OHNs could not tell who sets the performance targets. Similarly, in the private sector, 8.5% were unaware of the targets' setter. Setting the performance targets by oneself or together with the supervisor was not common. More of the public sector OHNs reported having done so (12%) compared with the private sector nurses (7%). The difference was not statistically significant (Figure 1).

Figure 1. Who sets the performance targets?

In the public sector, half of OHNs felt that they were unable to influence their performance targets, while on the private sector, 63% shared this opinion.

When asking about the performance indicators, half of the respondents in both sectors reported that the measure was the number of health checks. Referrals to other experts were measured commonly. Almost all (90%) told the referrals to physicians and the referrals to psychologists and physiotherapists (70%) were used as indicators. Often used indicators were also the number of laboratory tests (88%) and other exams (92%).

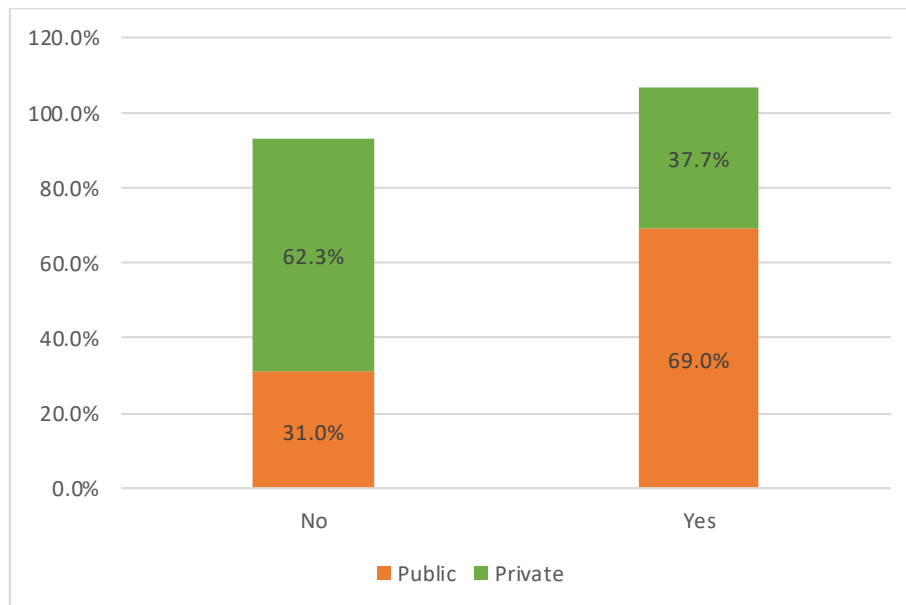
We assumed that the number and profile of customers as well as the working time and absenteeism would have been considered in the target setting. However, the number of customers did not influence the performance targets in 70% of the OHNs in private sector and 62% of the public sector nurses. Over 60% felt that the customer profile was not considered in the performance targets.

The absence from work was not well considered, but more of the nurses in the private sector (44%) than in the public sector (30%) reported it influenced the target setting. The best considered factor was the working time. Of the respondents 78% said it was used. Almost 90% of the respondents felt that wellbeing at work was not considered in the performance targets.

Three out of four (74%) public sector OHNs felt that the quality of their work was not considered in the performance targets. In the private sector, a little bit fewer (63%) had the same opinion. It was also noticed that considerable proportion (35%) of nurses in the public sector could not say whether the quality issues were considered in the performance targets.

The performance targets were considered reasonable by 69% of the public sector OHNs, while in the private sector, only 38% felt so ($p < 0.05$). When there was an opportunity to influence the performance targets, they were considered more reasonable ($p < 0.05$), and more felt that well-being at work was considered.

Meeting the targets were mostly done monthly (67%). Yearly evaluation was not common, but more frequent in the public sector (30%) than in the private sector (10%).

Figure 2. Are the performance targets reasonable?

Performance targets were set for 70% of public sector OHNs and 65% of private sector nurses. Only one-third of the OHNs estimated that they will achieve 75% of the performance targets. Noteworthy was that about half of the respondents did not see the performance targets appropriate to their work and even fewer (39%) felt the performance targets were essential.

In the free comments the OHNs told what they considered proper performance targets. Planning of work, collaboration, quality metrics and customer feedback were mentioned. In addition, personal goals and a monthly financial reward for accomplishing the goals were suggested. The volume of customers and workload were suggested to be considered when setting the performance goals.

Discussion

The number of respondents in this study represent only 8% of the OHNs in Finland and 19% of the members in FAOHN. However, considering the descriptive nature of the study, the results give a relatively accurate image of the performance targeting among public and private sector OHNs in Finland. The study is part of a larger inquiry of the OHNs' work and working conditions implemented by the Finnish Association of Occupational Health Nurses (FAOHN) in autumn 2018.

Eighty-six percentage of OHNs reported having equal performance targets. Most of the OHNs' performance targets were either financial billing goals or quantitative goals, such as the number of health examinations or workplace surveys performed in a set time, usually in a month. The performance targets were usually set at the management level. Only few had personalized targets agreed with a supervisor, and even fewer could influence them.

Significantly larger proportion (69% vs. 38%) of the public health sector OHNs consider the set performance targets reasonable compared with the private sector nurses. In both study groups, about half felt the performance targets inappropriate to their work, and only 30-40% of the nurses reported that the number and profile of the customers were considered when setting the targets.

The performance targets were not based on the goals agreed with the clients, actual workload, or quality of the work but rather on the available working time, output volume and returns. The targets were not adjusted in two out of three nurses even when they were absent from work. It can be questioned whether performance targets guide the work towards the goals.

Legally and ethically sound practice binds all the healthcare personnel. If the performance targets are not in line with the professional ethics, the dilemma can lead to constant stress and even burnout. Therefore, it is worrying that nine out of ten OHNs said their well-being was not considered in target setting. Ethical reflection is essential when OHN meets unrealistic outcome pressures [6, 23, 24].

The law (1383/2001) obliges a written quality system and monitoring of the quality and effectiveness of the service. OHNs' work form an essential part of the key client processes. High quality in both person and organization client work benefit not only the

clients but also enhances the skills and well-being of OHNs and other professionals [23]. However, only one out four OHNs reported the quality of their work regarded in the performance setting. If quality is neglected in the occupational health care performance targets, where would it lead us?

According to Campbell and Burs (2015) [25], OHNs are well qualified to educate workers and coach them through changes in work and life. Thus, management of results and performance targets should support preventive work, quality and co-operation. Indicators for evaluation of nursing performance have been developed and should be used for supporting realistic goals [26].

OHNs need to be able to influence the performance targets themselves, because it increases their well-being and commitment to work. The performance targets should be reasonable, personalized, and based rather on achieving the goals with the clients than optimizing the financial return.

In Finland, the OH services have concentrated during the whole 2000 century. Large commercial occupational health services dominate the market. In practice, ethics and the quality of work should be considered alongside the results and cost-effectiveness. Good quality in occupational health care consists of supporting workability and promoting healthy and safe workplaces.

For the well-being of OHNs, the management by results and performance targets should support the preventive occupational nursing work. The number of person and organization clients allocated for an OHN need to be reasonable. When setting the targets, the profile of clientele and its needs should be considered. Direct participation in the target setting, personal goals, and rewards when the goals are met, can increase OHNs' well-being at work.

Limitations

A limitation of the study was a small number of respondents to the questionnaire, which is common for web-based surveys [27]. We could have got a more precise results, if more OHNs would have answered. However, our understanding is, that even with the limited number of respondents, we got a relatively accurate view on the

performance target setting in the private and public occupational health care services in Finland.

Concluding Remarks

The current way of setting the performance targets is not satisfying. However, well set performance targets have a great potential to empower OHNs to meet the clients' goals as well as to achieve the personal professional goals. Appropriate performance targets can improve the quality of occupational health nursing.

Conflict of interest. The authors declare no conflict of interest.

Funding. Finnish Institute of Occupational Health (FIOH) institutional and Finnish Association of Occupational Health Nurses (FAOHN) support.

Acknowledgements. Finnish Association of Occupational Health Nurses and OHNs who participated in the study.

References

- [1] Statistics Finland, SVT (2020). [1.5.2020]. Available from http://pxnet2.stat.fi/PXWeb/pxweb/fi/StatFin/StatFin__pal__ksp/statfin_ksp_pxt_11ai.px/table/tableViewLayout1/
- [2] Statistics Finland, SVT (2018). ISSN=1798-3460. Helsinki. [1.5.2020] Available from <http://pxnet2.stat.fi/PXWeb/sq/1cd5bb6d-9cf6-4bb2-bfeb-cee6bc5c551e>
- [3] Takala EP, Leino T, Harjunpää K, Hirvonen M, Kauranen T, Liljeström K, et al. (2019). Activities and quality of Occupational Health Services in Finland 2018. Finnish Institute of Occupational Health. Helsinki. (Only in Finnish).
- [4] FAOHN, 2020. [1.4.2020] Available from: <https://www.stthl.fi/in-english/>
- [5] Naumanen P. (2007). The expertise of Finnish occupational health nurses. *Nursing and Health Sciences* 9, 96–102. DOI: 10.1111/j.1442-2018.2007.00309.x

- [6] Caux C, Dupuis F, Lechasseur K, Lecomte J. (2018). Occupational health and safety issues of ethical dilemmas faced by nurses in clinical practice settings: a qualitative study. *Occupational & Environmental Medicine* 75,2, A348. DOI: 10.1136/oemed-2018-ICOHabstracts.997
- [7] McCauley L, Peterman K. (2017). The Future of Occupational Health Nursing in a Changing Health Care System. *Workplace Health & Safety* 65,4, 168-173. <https://doi.org/10.1177/2165079917699641>
- [8] Leuter C, La Cerra C, Calisse S, Dosa D, Petrucci C, Lancia C. (2018). Ethical difficulties in healthcare: A comparison between physicians and nurses. *Nursing Ethics*, 25(8) 1064–1074. DOI: 10.1177/0969733016687158.
- [9] Occupational Health Care Act (1383/2001). [1.4.2020] Available from: <https://www.finlex.fi/fi/laki/ajantasa/2001/20011383>
- [10] Ghanayem M, Srulovici E, Zlotnick C. (2020). Occupational strain and job satisfaction: The job demand-resource moderation-mediation model in hemodialysis units. *Journal of Nursing Management*. First published: 08 February 2020 <https://doi.org/10.1111/jonm.12973>
- [11] Nissinen S, Leino T, Österman T, Lappalainen K. 2020. Workload in Occupational Health Nursing: A study among Occupational Health Nurses in Finland. *International Journal Of Occupational Health and Public Health Nursing* 6 (2) 1-18. [25.9.2020] Available from https://www.scienpress.com/journal_focus.asp?main_id=86&Sub_id=IV&Issue=1777103
- [12] Drummond A. (2018). Future occupational health nursing roles. *Occupational and Environmental Medicine*, 75, 2, A355–A356. [1.5.2020] Available from: https://oem.bmj.com/content/75/Suppl_2/A355.4
- [13] Eun JL, Hong SK, Hye YK. [2014]. Relationships between core factors of knowledge management in hospital nursing organizations and outcomes of nursing performance. *Journal of Clinical nursing*, 23, 23-24. <https://doi.org/10.1111/jocn.12603>
- [14] Hasselhorn H-M, Tackenberg P, Peter R. (2004). Effort–Reward Imbalance among Nurses in Stable Countries and in Countries in Transition, *International Journal of Occupational and Environmental Health*. 4, 401-408. DOI: 10.1179/oeh.2004.10.4.401
- [15] Schreuder J, Roelen C, Koopman P, Moend B, Groothoff J. (2010). Effort–reward imbalance is associated with the frequency of sickness absence among female hospital

nurses: A cross-sectional study. *International Journal of Nursing Studies*, 47, 5, 569–576.
<https://doi.org/10.1016/j.ijnurstu.2009.10.002>

[16] Weyers S, Peter R, Boggild H, Jeppesen H, Siegrist J. (2006). Psychosocial work stress is associated with poor self-rated health in Danish nurses: a test of the effort–reward imbalance model. *Scand J Caring Sci*, 20, 26–34. <https://doi.org/10.1111/j.1471-6712.2006.00376.x>

[17] Vuori J. (1995). Kenen terveydenhuolto? Julkinen ja yksityinen vertailussa. Tutkimus henkilöstön merkityssuhteista julkisen ja yksityisen sairaalaorganisaation osakulttuurissa. Thesis. University of Vaasa.. Ankkurikustannus Oy. Vaasa. (Only in Finnish)

[18] Grönroos E, Perälä M-L. (2004). Management research in health care – literature review. *Stakes*, Helsinki. [2.4.2020] Available from: <https://www.julkari.fi/bitstream/handle/10024/77912/Aiheita22-2004.pdf?sequence=1>

[19] Saarinen M, Huuhtanen P, Lindström K. (1995) Tulosta on tultava. Valtionhallinnon tulosjohtaminen henkilöstön hyvinvoinnin näkökulmasta. Työ ja ihminen. Tutkimusraportti 5. Työterveyslaitos. Helsinki. (Only in Finnish)

[20] Seitovirta, J. (2018) Registered Nurses' Rewarding in Finnish Specialized Medical Care, Primary and Private Healthcare University. University of Eastern Finland, Faculty of Health Sciences Publications of the University of Eastern Finland. Dissertation in Health Sciences 491. [2.4.2020] Available from: https://epublications.uef.fi/pub/urn_isbn_978-952-61-2944-0/urn_isbn_978-952-61-2944-0.pdf

[21] Viitala R, Hakonen A, Arpiainen S (2017). Henkilöstöjohtamisen tila ja tulevaisuus kunnissa. ARTTU2-tutkimusohjelman julkaisusarja 11. Helsinki: Suomen Kuntaliitto. (Only in Finnish)

[22] Amirkhanyan A, Meier KJ, O'Toole Jr LJ, Dakhwe M A, Janzen, S. (2018). Management and Performance in US Nursing Homes. *Journal of Public Administration Research and Theory*, 28, 1, 33-49. DOI: 10.1093/jopart/mux003

[23] Johnson C, Smith C. (2018). Preparing Nurse Leaders in Nursing Professional Development: Legal and Ethical Issues for Nursing Professional Development Leaders. *Journal for Nurses in Professional Development* 34, 4, 226 – 227. DOI: 10.1097/NND.0000000000000442

- [24] Rogers B. (2012) Occupational and Environmental Health Nursing Ethics and Professionalism. *Workplace health & safety*, 60, 4, 177-181. DOI: 10.1177/216507991206000406
- [25] Campbell K, Burns C. (2015). Total Worker Health: Implications for the Occupational Health Nurse. *Workplace Health and Safety*, 63, 7, 316–319. DOI:10.1177/2165079915576921
- [26] Dubois CA, D'amour D, Brault I, Dallaire C, Déry J, Duhoux A, et al. (2017). Which priority indicators to use to evaluate nursing care performance? A discussion paper. *Journal of Advanced Nursing*, 73, 12. DOI: 10.1111/jan.13373
- [27] Shih TH, Xitao F (2009). Comparing response rates in e-mail and paper surveys: a meta-analysis. *Educ Res Rev* ,4, 26–40. <https://doi.org/10.1016/j.edurev.2008.01.003>